

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on January 20, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the supervised therapeutic exercises were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-24-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
01-23-03	99213 97265 97250	\$48.00 \$43.00 \$43.00	\$0.00	F H H	\$48.00 \$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show payment was made in full for CPT code 99213 and half payment made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 01-23-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$134.00.
01-24-03	99213 97265 97250	\$48.00 \$43.00 \$43.00	\$0.00	F H H	\$48.00 \$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show payment was made in full for CPT code 99213 and half payment made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 01-24-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$134.00.

01-25-03	97265 97250	\$43.00 \$43.00	\$0.00	H H	\$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show half payment was made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 01-25-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$86.00.
01-30-03	99213 97265 97250	\$48.00 \$43.00 \$43.00	\$0.00	F H H	\$48.00 \$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show payment was made in full for CPT code 99213 and half payment made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 01-30-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$134.00.
01-31-03	99213 97265 97250	\$48.00 \$43.00 \$43.00	\$0.00	F H H	\$48.00 \$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show payment was made in full for CPT code 99213 and half payment made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 01-31-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$134.00.
02-01-03	97265 97250	\$43.00 \$43.00	\$0.00	H H	\$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show half payment was made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 02-01-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$86.00.

02-04-03	99213 97265 97250	\$48.00 \$43.00 \$43.00	\$0.00	F H H	\$48.00 \$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show payment was made in full for CPT code 99213 and half payment made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 02-04-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$134.00.
02-06-03	99213 97265 97250	\$48.00 \$43.00 \$43.00	\$0.00	F H H	\$48.00 \$43.00 \$43.00	1996 MFG Rule 133.304 (d -e)	EOB's show payment was made in full for CPT code 99213 and half payment made for CPT codes 97265 and 97250. However, in contacting the requestor's office via telephone I was informed by ____ that payment was never received as noted on the EOB's. Therefore, the services rendered on 02-06-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$134.00.
TOTAL		\$976.00					The requestor is entitled to reimbursement of \$976.00.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 01-23-03 through 02-06-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10th day of November 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 18, 2004

MDR Tracking #: M5-04-1411-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant has a history of chronic back pain allegedly related to a compensable work injury on ___.

Requested Service(s)

Supervised therapeutic exercise

Decision

I agreed with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

Generally supervised physical therapy is indicated in the presence of significant deficits in range of motion and functional capacity usually associated with acute injury or peri-operative conditions. The claimant does not suffer from an acute injury. The claimant has a chronic pain syndrome. Radiographic studies indicate no significant nerve lesion according to MRI report dated 6/7/02 and there is no indication of any instability at any lumbar motion segment level. The claimant exhibits no significant neurologic deficit according to a clinic note dated 9/11/03. EMG/NCV studies have been performed on 3 occasions. The findings are equivocal and indicate the possibility of peripheral neuropathy and/or mild static sacral radiculitis. The EMG/NCV studies are very mild and nonspecific. There is no documentation of any significant focal nerve root lesion. The claimant exhibits a normal gait, a functional range of motion for performance of activities of daily living, and there is no evidence of significant focal neurologic

deficit. The therapeutic exercise protocol the claimant is performing includes knee rocking, pelvic rocking, anterior pelvic tilt, posterior pelvic tilt, bridging and mini squats. These therapeutic exercises are easily performed at home and require no sophisticated machinery or manual assistance. There is no rationale explaining why a home exercise program incorporating these therapeutic exercises would be any less effective than continued supervised conditioning in this clinical setting.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 22nd day of March 2004.